

Name
in
Full

CERTIFICATE OF DEATH

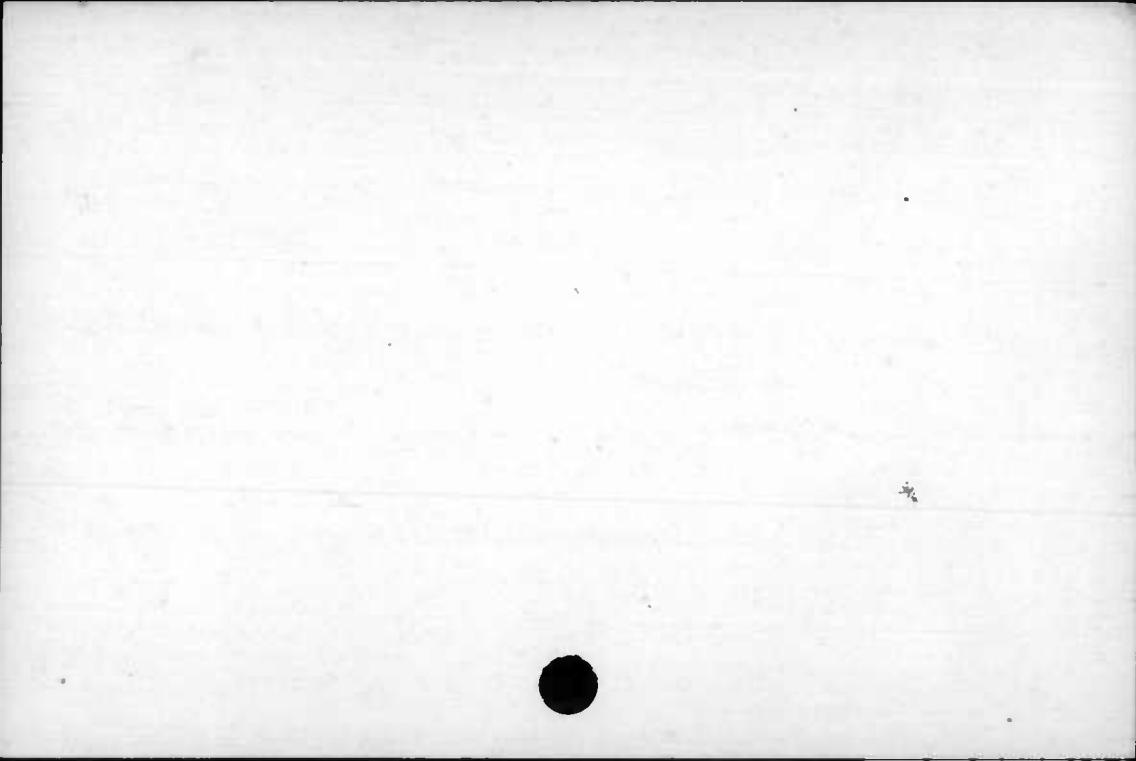
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Ralph Branagan</i>		Town <i>Palmer</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>Palmer</i>		Date of death 190 <i>5</i> Month <i>10</i> Day <i>7</i>		Age Years <i>3</i> Months <i>9</i> Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Palmer Branagan</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Susan Lillian Herbert</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>George Palmer Branagan</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro enteritis</i>	How long <i>24 hours</i>
Immediate <i>105</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. W. Palmer</i>
	Address <i>Palmer's</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

Mary Estelle Brown

CERTIFICATE OF DEATH

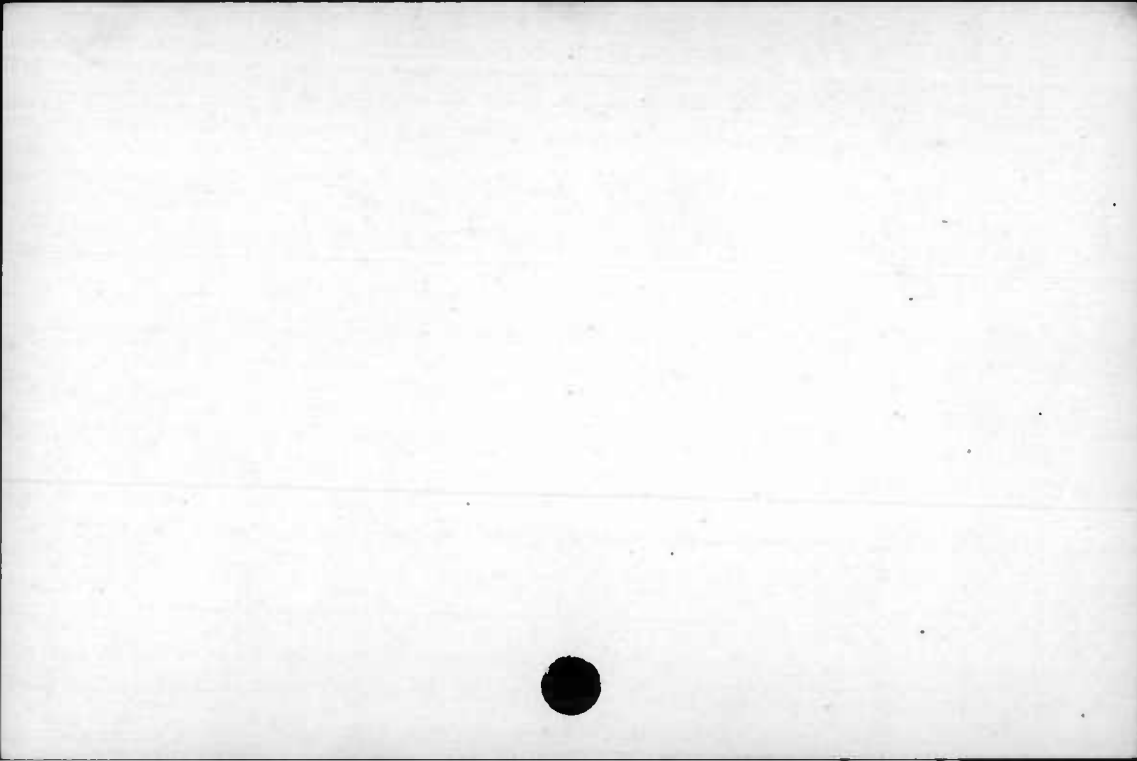
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Palmer</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>10</i>	Day <i>22</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Samuel Brown</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Rosabelle Bowman</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Samuel Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Bronch. Pneumonia</i>	How long <i>3 days</i>
Immediate <i>(92)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>ind.</i>



Name
in
Full

Moses Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near New Market -</u>		Town <u>St. Mary's</u>		County		MARYLAND	
Date of death <u>1906-</u>	Month <u>Oct-</u>	Day <u>3rd</u>	Years <u>about 50</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>St. Mary's Co.</u>				
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Ann Johnson</u>					
Father's Name <u>Henry Butler</u>		Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Alfred Jennifer</u>		How related to deceased <u>Step son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Gastritis</u>	How long <u>Three years</u>
Immediate		How long

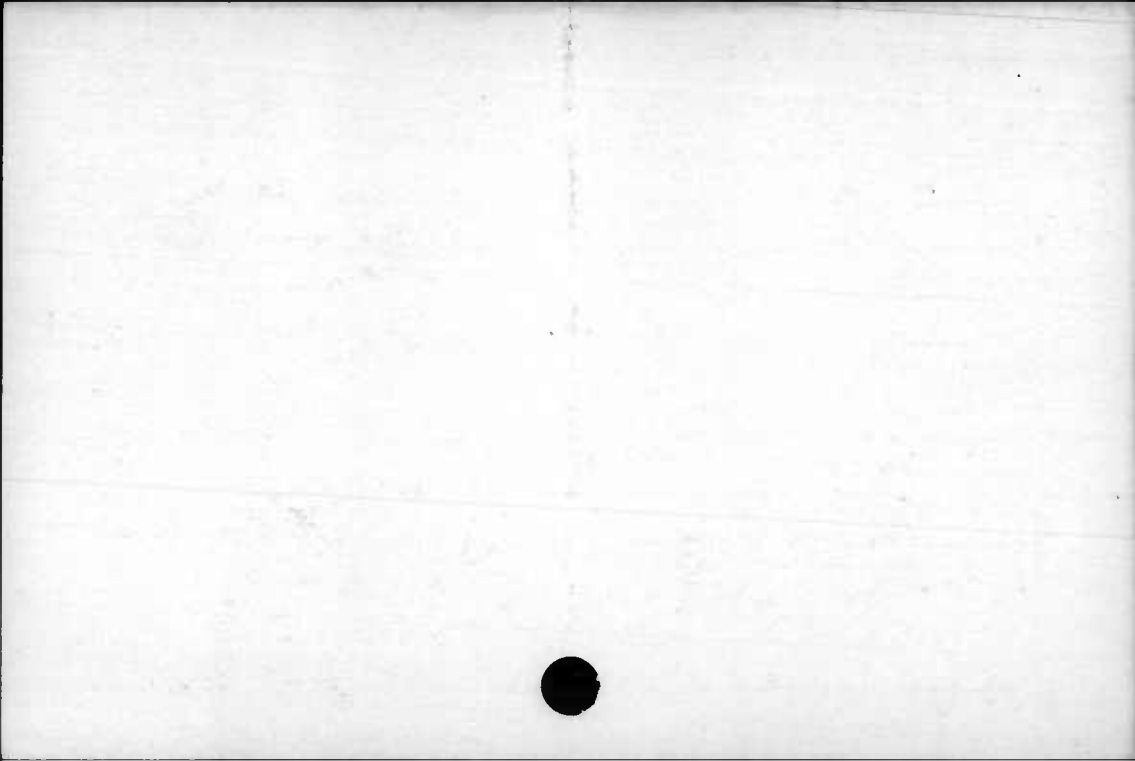
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Zach. R. Morgan
Mechanicsville, Va

Accident or Suicide?



Name
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Full

Marquetti, Mrs. Dorothea

CERTIFICATE OF DEATH

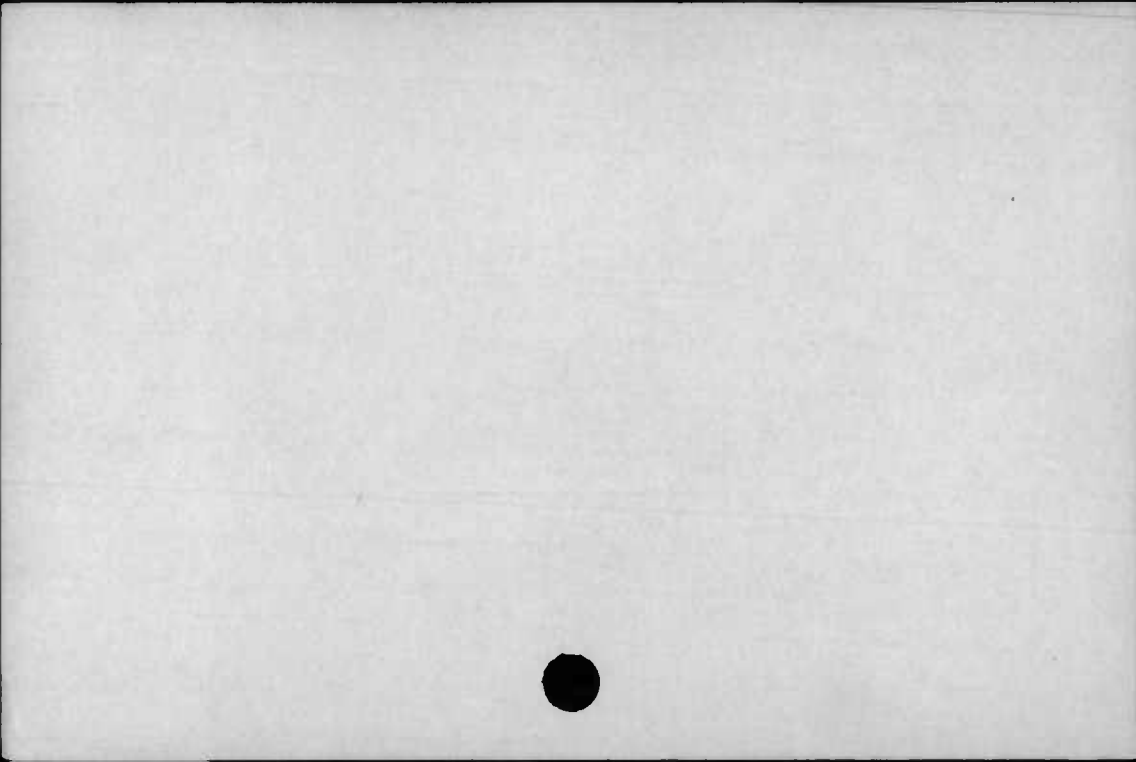
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leonardtown</i>		Town <i>Leonardtown</i>		County <i>St. Marys</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Leonardtown</i>					
Married, Single or Widowed		Name of Wife or Husband <i>John J. Dorothea</i>					
Father's Name <i>John Hardy</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Emily Miller</i>		Mother's Birthplace					
Name of person giving information <i>James Marquetti</i>		How related to deceased <i>By marriage</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach & Kidney trouble</i>	How long <i>60 years</i>
Immediate <i>Peculiar</i>	How long <i>60 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Rainey</i>
<i>as far as I know</i>	Address <i>Baltimore</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Hall</i>		Town <i>Morgauza</i>		County <i>St Mary's</i>		MAYLAND	
Died at		Date of death <i>1905</i>		Month <i>Oct</i>	Day <i>1</i>	Years <i>25</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Ind</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Wilson Hall</i>					
Father's Name <i>Billy Stewart</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Brother in Law</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>4 mos</i>
Immediate <i>Heart - disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. O. King</i>
	Address <i>Corville</i>
Accident or Suicide?	



Name
in
Full

Alexander Harris

10/19/70

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blakiston</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>26</i>	Age <i>40 (about)</i>	Years	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Captain of vessel</i>		Where Residing if not at place of death <i>Cambridge md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>William Waddy</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

Primary <i>Gunsight wound of head</i>	How long <i>Immediate</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>Homicide</i>	<i>md</i>

PHYSICIAN
OR CORONER

Alexander Harris was on a
drayage vessel and a stranger here
whom shot, and for that reason
could not get full particulars.
Verdict of jury: Alexander Harris
came to his death by "Gun
shot - wound of head," at the
hands of one Douglas Russell
in self defense.

Name
in
Full

Carroll Sprinkles

CERTIFICATE OF DEATH

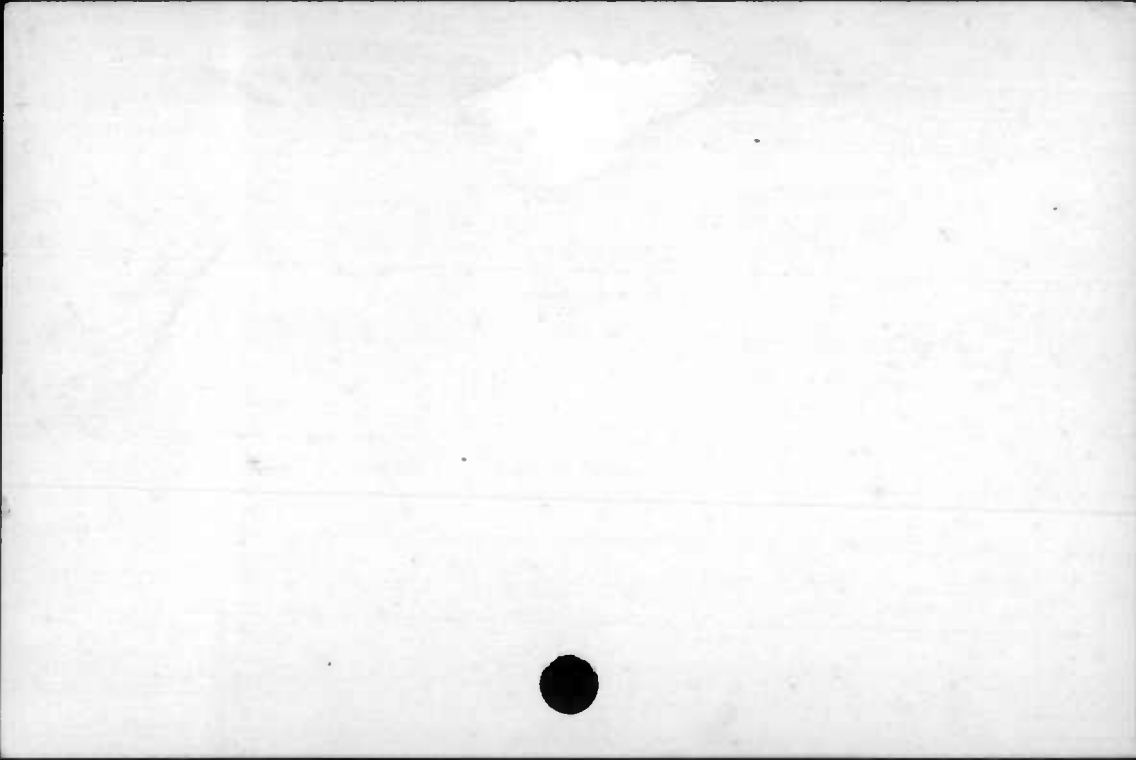
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hurry</i>		County <i>St. Mary's</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		10	22	3			
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Oscar Sprinkles</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Annie Sprinkles</i>				Mother's Birthplace			
Name of person giving information <i>Oscar Sprinkles</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Roll. V. Palmer</i>	
		Address <i>Palmer</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

James Clifton Thomas

Town

County

Died at California

St. Marys

MARYLAND

Date of death 1905 October

20th

Age 3 years 6 months

Months

Days

Sex Male

Color or Race Black

Birth-place California Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name James A. Thomas

Father's Birthplace Maryland

Mother's Maiden Name Lucinda Campbell

Mother's Birthplace Maryland

Name of person giving information James A. Thomas

How related to deceased Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

About 2 weeks

Immediate

Pneumonia

How long

About 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. L. Hodgdon M.D.

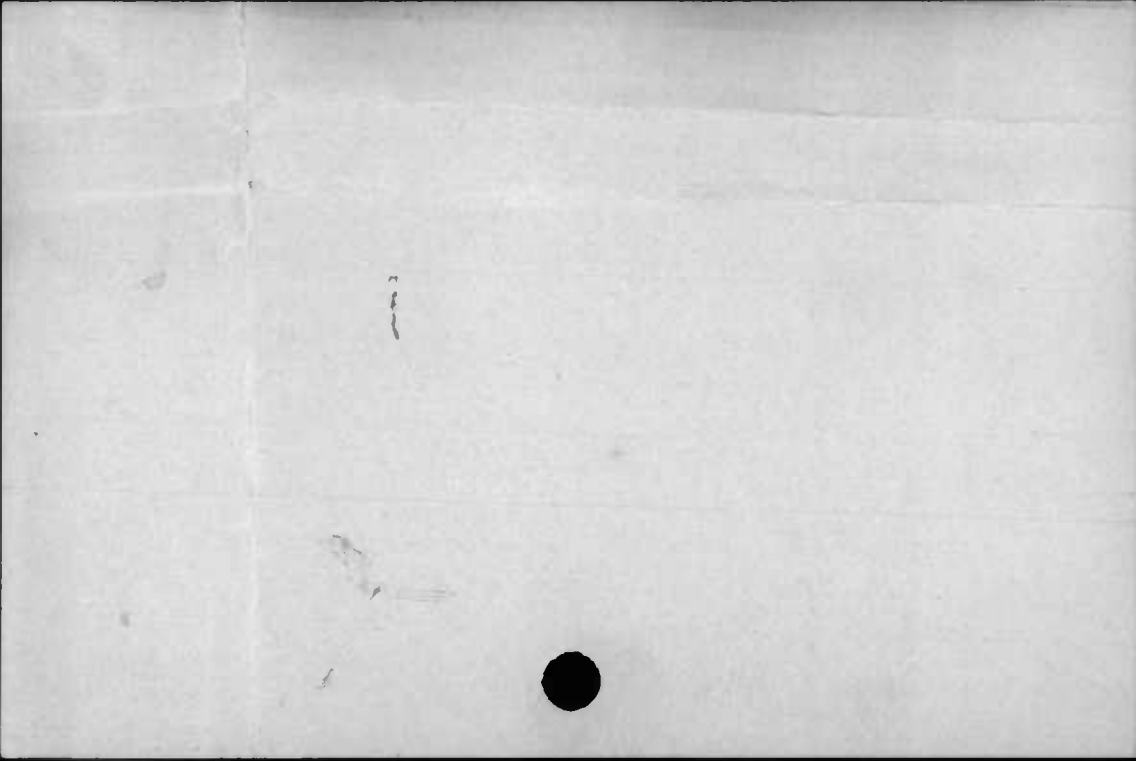
Address

Pearson Post Office Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paris Springs</i> ^{Town}		<i>St. Marys</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>10</i>	Day <i>17</i>	Age <i>30</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>Ida Elizabeth Woodland</i>				Mother's Birthplace <i>ind</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Intestinal Neoplasia</i>	How long <i>2 years</i>
Immediate <i>Enteritis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Roll V. Palmer</i>
<i>yes</i>	Address <i>Palmer</i>
Accident or Suicide?	<i>ind.</i>

